



# EPI WATCH

Monthly Epidemiology and Preparedness Newsletter

August 2015

## Florida Department of Health in Pinellas County

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*For more information, or to add your e-mail address to the distribution list, please contact the Editor.*

## Disease Reporting

To report diseases and clusters of illness

(other than TB/STD/HIV/AIDS)

Phone: (727) 507-4346

Fax: (727) 507-4347



For TB, STD or HIV/AIDS Reporting

Phone: (727) 824-6932

Animal Bite Reporting

Phone: (727) 524-4410  
x7665

## Mosquito-borne Diseases in Florida

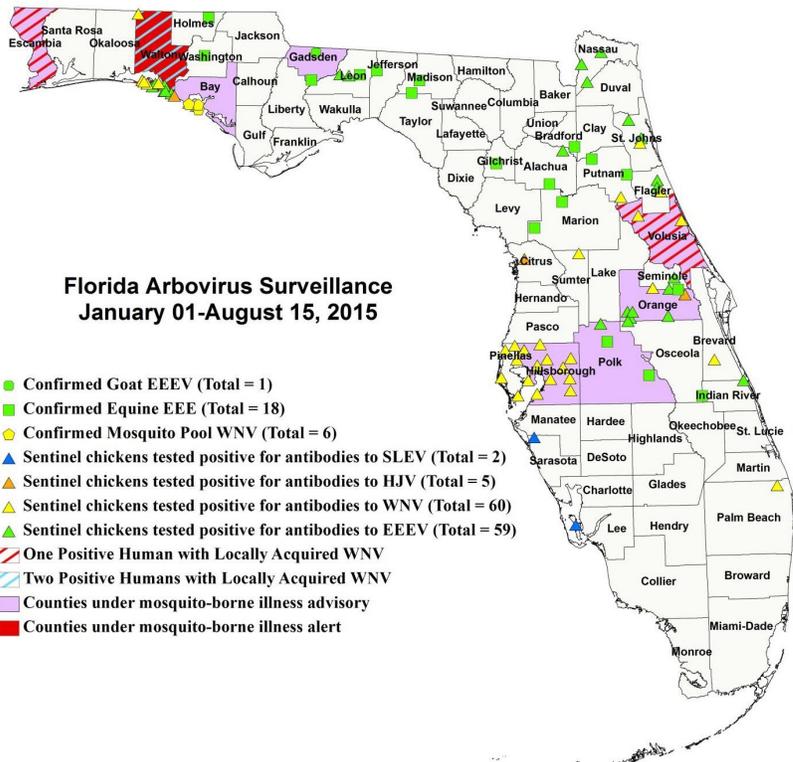


Mosquito-borne diseases are diseases that can be spread through the bite of mosquitoes. These diseases may be caused by a virus, also known as arboviruses, or can be caused by parasites. Several of the mosquito species found in Florida are capable of transmitting diseases to humans, horses, and other animals.

Mosquito-borne diseases found in Florida include West Nile virus (WNV) disease, Eastern equine encephalitis (EEE), and St. Louis encephalitis virus (SLEV). Many other mosquito-borne diseases are found around the world, and can be brought back to Florida if infected people or animals are bitten by mosquitoes while in Florida. Some examples of these diseases include chikungunya fever, dengue fever, malaria, yellow fever, and Rift Valley fever. Most people are infected from June through September when mosquitos are most active. In Florida, cases can occur into the winter months.

Diagnosis of a mosquito-borne disease is based on combination of clinical signs and laboratory testing. Human infections can be asymptomatic or result in nonspecific flu-like symptoms. Onset may be sudden with fever, headache, and myalgia. Since WNV and SLEV are endemic in Florida, testing should be performed for both viruses. Dengue and Chikungunya testing by EIA/ELISA or PCR is recommended in non-neuroinvasive cases to rule out local introductions.

The map below displays the current arbovirus activity across the state of Florida in 2015.



Source: Florida Arbovirus Surveillance, Week 32: August 9 - August 15, 2015.

For more surveillance information, please see the DOH website at: <http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/surveillance.html>

For WNV surveillance information for the United States, please see the Centers for Disease Control and Prevention website at: <http://www.cdc.gov/westnile/index.html>

# HIV/AIDS Surveillance Updates

The Florida Department of Health in Pinellas County (DOH-Pinellas), HIV Surveillance Program is responsible for the ongoing systemic collection and reporting of HIV and AIDS cases in Pinellas County. Preliminary data collected in 2015 indicates an ongoing increase in HIV reported cases and a decrease in AIDS cases. Data indicates a 41% increase of HIV from 2014 to 2015 for year to date data through July 31.

The HIV Surveillance Program recently conducted an analysis of January to November 2014 data. During this time period, Pinellas County reported 261 HIV cases; 148 (57%) were newly diagnosed individuals. The remaining 43% had either recently moved to Florida with a previous diagnosis of HIV or they had undetectable viral load tests and were previously not allowed to be reported prior to a new HIV case definition change in 2014. During the same period, 134 AIDS cases were reported. 85% were diagnosed based off of a low CD4 test result as opposed to an opportunistic infection. Of note, most of the individuals who were diagnosed with AIDS had received patient care and/or treatment prior to their AIDS diagnosis.

In Florida, over the past three years, the number of African Americans whose HIV infections were newly diagnosed decreased from 67% to 41% and the number of White and Hispanic individuals increased, from 28% to 30% and 24% to 36%, respectively. The number of men who reported Men who have Sex with Men (MSM) as their risk factor increased from 68% to 71%. While the most commonly reported risk factor for females is heterosexual transmission, this exposure actually decreased from 80% to 72%.

*Current data is provisional and analysis is preliminary. The increase in HIV cases could be due to a number of different changes in reporting structures and other factors; Further analysis will be conducted. For more statistics and information on HIV/AIDS, please visit <http://www.floridahealth.gov/diseases-and-conditions/aids/index.html>.*

## August is National Immunization Awareness Month

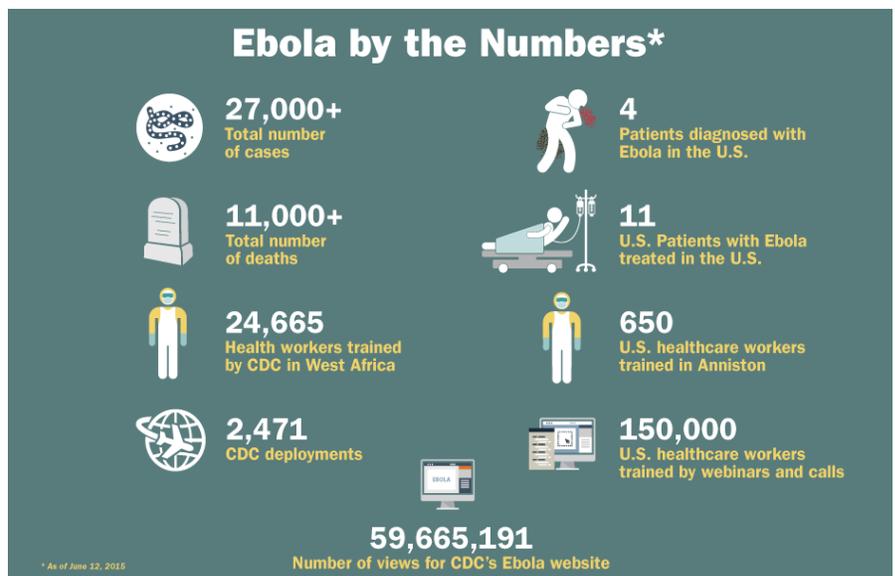


The CDC has selected August as National Immunization Awareness Month (NIAM). Each year, NIAM provides an opportunity to highlight the value of immunization across the lifespan. Activities focus on encouraging all people to protect their health by being vaccinated. Infectious diseases do not discriminate and every age group needs to be protected!

*Up to date immunizations schedules and recommendations can be found here: <http://www.cdc.gov/vaccines/default.htm>.*

## 2014-2015 Ebola Outbreak in West Africa - Update as of August 17, 2015

- Sierra Leone and Guinea continue to report widespread transmission. On August 17, the World Health Organization announced **that an epidemiological week had passed with no new cases in Sierra Leone** for the first time since the beginning of the outbreak.
- Liberia is not currently reporting any new cases.** On June 29, 2015, a confirmed case of Ebola was reported in a 17-year-old male who had died. Five contacts associated with this case were confirmed to have Ebola, one of whom died. All contacts have now completed their 21-day monitoring period.
- Additional information, including case counts and EVD affected areas, can be found here: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>



# Selected Reportable Diseases in Pinellas County

Disease	Pinellas	YTD Total		Pinellas County Annual Totals		
	July 2015	Pinellas 2015	Florida 2015	2014	2013	2012
<b>A. Vaccine Preventable</b>						
Measles			5			
Mumps			6			
Pertussis	1	5	195	19	17	10
Varicella	3	25	449	35	19	16
<b>B. CNS Diseases &amp; Bacteremias</b>						
Creutzfeldt-Jakob Disease (CJD)		3	18			2
Meningitis (Bacterial, Cryptococcal, Mycotic)		3	78	4	5	6
Meningococcal Disease		1	15		1	
<b>C. Enteric Infections</b>						
Campylobacteriosis	13	65	1301	103	63	59
Cryptosporidiosis	6	26	359	240	19	29
Cyclosporiasis			13		5	1
<i>E. coli</i> Shiga Toxin (+)			33	6	7	8
Giardiasis		16	564	42	34	32
Hemolytic Uremic Syndrome (HUS)			4		1	
Listeriosis			19			5
Salmonellosis	22	93	2723	216	203	203
Shigellosis	49	104	1188	21	5	18
<b>D. Viral Hepatitis</b>						
Hepatitis A	2	2	68	2	6	4
Hepatitis B: Pregnant Woman +HBsAg	1	27	266	21	17	16
Hepatitis B, Acute	10	32	285	44	39	16
Hepatitis C, Acute		13	94	19	17	5
<b>E. Other Infections</b>						
Animal Rabies			41	2		
Rabies, possible exposure	7	69	1927	190	193	201
Chikungunya Fever		2	84	10		
Dengue			24	1	2	3
Eastern Equine Encephalitis						
Lyme Disease	1	1	75	5	8	6
Malaria		1	21	3	1	2
St. Louis Encephalitis						
West Nile Virus			3			
<b>F. Others</b>						
AIDS**	14	76	1523	148	118	130
HIV**	32	199	4121	263	185	177
Chlamydia	330	2356	n/a	3853	4141	3812
Gonorrhea	141	808	n/a	1295	1424	1029
Hansen's Disease			13			
Lead Poisoning: Children < 6 years:		3	75	8	4	2
Legionellosis	1	6	133	13	10	13
Mercury Poisoning	1	1	10	2		
Syphilis, Total	24	157	n/a	186	114	141
Syphilis, Infectious (Primary and Secondary)	15	96	n/a	75	52	61
Syphilis, Early Latent	5	36	n/a	61	37	47
Syphilis, Congenital	1	2	n/a			
Syphilis, Late Syphilis (Late Latent; Neurosyphilis )	3	23	n/a	50	25	33
Tuberculosis		5	n/a	25	30	17
<i>Vibrio</i> Infections	2	6	108	10	11	10

n/a = not available at this time. Blank cells indicate no cases reported. Reportable diseases include confirmed and probable cases only. All case counts are provisional. Data is collected from the Merlin Reportable Disease database, surveillance systems maintained at the Florida Department of Health in Pinellas County, and Florida CHARTS <http://www.floridacharts.com/charts/default.aspx>.

\*STD data in PRISM is continually updated. Please note, data from the previous month takes up to an additional month or more to be correctly updated.

\*\*Current HIV Infection data reflects any case meeting the CDC definition of "HIV infection" which includes all newly reported HIV cases and newly reported AIDS cases with no previous report of HIV. Newly reported HIV Infection cases do not imply they are all newly diagnosed cases. For a more detailed explanation on changes in reporting and changes in trends, please contact the Bureau of HIV/AIDS, Data Analysis Section.